



Placement Services
VA Aid & Attendance

ALTCS Applications
Home Check-Ins

PATIENT NAME: _____

DOB: _____

PHONE: _____

ADDRESS: _____

INSURANCE: _____

REFERRAL STATUS

URGENT

ROUTINE

CENTRAL SCHEDULING
480-799-6096

CENTRAL FAX
480-448-6090

PLEASE INCLUDE:

- Demographics
- Clinical Records
- Height | Weight
- Monthly Income

Service for Low-Income Seniors

- Decrease Readmission Penalties
- Safe Discharge Solutions for Seniors
- Improve Patient Outcomes
- Reduce Length of Stay after Medical Clearance

SERVICES

- Complimentary Consultation
- Placement Assistance
- ALTCS Application
- VA Aid & Attendance Application
- Comfort Calls

ELIGIBILITY

- Age 65 or Greater
- Local Service Area
- Inability to Perform ADLs
- Chronic Illness, Dementia
- Failure to Thrive

If you are uncertain if your patient/client qualifies, check the service for Consultation, and our patient navigator will conduct an initial interview to assess the care needs.

Referred By _____ Phone _____

Primary Care Physician _____ Phone _____

For Questions Contact Patricia Day | 480-799-6096
www.comfortcareforall.com | support@comfortcareforall.com